Golden Plains Unified School District

22000 Nevada Street • P.O. Box 937 • San Joaquin, California 93660 (559) 693-1115 • FAX (559) 693-4366

## **Employee Request for Additional Assignment**

Name:				
	Last	First	Middle	
Social Security Number:				
Physical Address:				
Telephone Number:			<u>_</u>	
I am requesting an addition	onal assignme	nt to the following p	osition:	
Title/Site:				
Briefly state your qualific held, classes/units, etc.):	cations for the	position (i.e. recent	experience, credentials/certific	ates
		_		
Employee Signature			Date	
For office Use:				
Additional Assignment: Ap	proved 🗖 Deni	ed 🛛 Effective Date:		